

REMARKS

The Office Action of December 12, 2007 and the comments therein were carefully considered. Claims 1-22 remain pending in the instant application. Claims 10 and 20 have been canceled. Claims 1 and 11 have been amended.

Specification

The Office Action objects to the specification under 35 USC § 112, first paragraph because it alleges that the amendment filed 7/2/07 introduces new matter. Specifically, the Office Action alleges that the added material which is not supported by the original disclosure is “wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations.” Applicant respectfully traverses the objection.

Support for the subject matter “wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations” may be found in the specification as originally filed. For example, the specification of published application US 2003/0110059 discloses in paragraph [0050]:

Lastly, it will be noted that it is common for medical practitioners to use variant forms or terms in referring to, for example, a procedure, measurement, test, medication or condition. The specific form or term used by a practitioner may depend, for example, upon the age and experience of the practitioner, when and where the practitioner attended medical school or subsequently practiced, and so on. For this reason, a MSS 10 of the present invention may further include a Dialect Translator 50 operating in conjunction with Interface Mechanism 20 to translate between terms and forms used by a given practitioner and a common, standard or standardized set of terms and forms. Dialect Translator receives terms and forms entered by that practitioner through Input Devices 10ID, and provides the corresponding standard term or form. Dialect Translator 50 also operates in the reverse by reading standard terms and

forms appearing in Process Forms **40** and translating the standard terms and forms into the dialect terms and forms preferred by the practitioner in the Process forms **40** as displayed to the practitioner through Display **10DS**.

Applicant submits that at least the above quoted paragraph in the published application US 2003/0110059 establishes that the application as originally filed provides support for the technology as is now claimed. Therefore, for at least this reason, Applicant submits that the Office Action's objection under 35 USC § 112, first paragraph is overcome.

Claim Amendments

In order to expedite allowance, claims 1 and 11 have been amended. Claim 1 has been amended to include the features previously claimed in dependent claim dependent claim 10. Claim 10 has been canceled. Claim 11 has been amended to include the features previously claimed in dependent claim 20. Claim 20 has been canceled. The Applicant reserves the right to pursue the original claims in a continuation application.

Claim Rejections – 35 USC § 112

Claims 10 and 20 stand rejected by the Office Action under 35 USC § 112, first paragraph, as containing subject matter which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor, at the time the application was filed, had possession of the claimed invention and because that added material was not supported by the original disclosure. Specifically, the Office Action alleges that “wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations” Applicant respectfully traverses this rejection for at least the following reason.

Support for the embodiment of the subject matter “wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations” may be found in the specification as originally filed. For example, the specification of published application US 2003/0110059 discloses in paragraph [0050]:

Lastly, it will be noted that it is common for medical practitioners to use variant forms or terms in referring to, for example, a procedure, measurement, test, medication or condition. The specific form or term used by a practitioner may depend, for example, upon the age and experience of the practitioner, when and where the practitioner attended medical school or subsequently practiced, and so on. For this reason, a MSS 10 of the present invention may further include a Dialect Translator 50 operating in conjunction with Interface Mechanism 20 to translate between terms and forms used by a given practitioner and a common, standard or standardized set of terms and forms. Dialect Translator receives terms and forms entered by that practitioner through Input Devices 10ID, and provides the corresponding standard term or form. Dialect Translator 50 also operates in the reverse by reading standard terms and forms appearing in Process Forms 40 and translating the standard terms and forms into the dialect terms and forms preferred by the practitioner in the Process forms 40 as displayed to the practitioner through Display 10DS.

US 2003/0110059, para. 50 (emphasis added).

From at least the above cited example, the Applicant respectfully submits that, at the time the invention was filed, the Applicant had possession of the claimed invention. Therefore, for at least this reason, Applicant respectfully submits that the cited subject matter in the Office Action is supported in the original specification and is not new matter. Applicant respectfully submits that claims 10 and 20 are in condition for allowance under 35 USC § 112, first paragraph.

Claim Rejections – 35 USC § 103

Claims 1-22 stand rejected under 35 USC § 103(a) as being unpatentable over Joao (US 6,283,761) in view of Campbell et al. (US 6,047,259). Of the rejected claims, currently amended claims 1 and 11 are independent claims.

Joao relates to providing healthcare information by processing symptom and condition information for a patient in conjunction with standard or average healthcare information, healthcare theories, healthcare principles, and/or healthcare research to generate a diagnostic report including a list of standard diagnoses corresponding to average condition and symptom information. Abstract. A final diagnosis is selected from the list and is used to generate a claim form. Abstract. The claim may then be processed. Col 4, lines 59-67 and col. 6, lines 45-51. Joao discusses managing patient records and healthcare information. Col. 2, lines 30-45.

As stated by the Examiner, Joao does not expressly disclose that “the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input. (Office Action, pp. 4-6). However, the Office Action alleges that Campbell discloses “the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input.” (Office Action, p. 7) The Office Action cites to col. 18, lines 7-10 for support. This section of Campbell recites “[t]he additional therapy button **1012** and continue button **1014** link to other screens. This enables the doctor to go to another screen to modify the therapy protocol.” Further, the Office Action alleges that “Campbell teaches that a doctor can alter the treatment protocol by changing the status of a therapy item from recommended to required or vice-versa and may even add additional

items to the protocol.” (Office Action, p. 14). In addition to the previous cite for support (col. 18, lines 7-10), the Office Action cites to col. 17, lines 58-61 of Campbell. This section of Campbell recites that “[t]he doctor can change the status from recommended to required or vice-versa by clicking on a therapy item.”

Applicant respectfully disagrees with the Office Action that the above quoted sections of Campbell disclose that “the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input.” (emphasis added). Applicant submits that Campbell does not disclose that “the guidelines are dynamically updated based on user input.” Applicant submits that Campbell discloses that the doctor may simply change the status from recommended to required or vice-versa or the “doctor may go to another screen to modify the therapy protocol” for the particular therapy for the particular patient. While, in Campbell, the doctor may modify the therapy, Campbell does not disclose modifying the guidelines that dictate the therapy as claimed in the instant application. Campbell simply does not disclose that the “guidelines are dynamically updated based on user input.”

With regard to dependent claims 10 and 20, now canceled and the claimed features incorporated into independent claims 1 and 11 respectively, the Office Action states that Joao fails to expressly disclose a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations. (Office Action, p. 12).

However, the Office Action alleges that Campbell discloses a dialect translator for translating between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and entered by a user and corresponding equivalent but different medical terms employed in the support operations. In support, the Office Action cites to Col. 15, line 5-col. 16, line 65 and fig. 1-14). The Office Action alleges that “abnormal observations are ‘translated into corresponding equivalent but different terms as tentative diagnosis. For example, an abnormal observation symptom, such as ‘Shaking Head or Scratching,’ is translated into a tentative diagnosis (i.e., an equivalent but different medical term, such as *Otitis Externa*. (Office Action, p. 13).

Applicant respectfully disagrees that Shaking Head or Scratching and *Otitis Externa* are equivalent but different medical terms. Shaking Head or Scratching is a symptom or an abnormal observation, while *Otitis Externa* is an infection of the ear, a diagnosis. Further, the abnormal observations are generated as a list that the doctor is required to check or not check. If checked, then the abnormal observation is compared to the diagnoses software to generate a list of tentative diagnoses. (Campbell, col. 7, lines 31-46.)

Nowhere does Campbell disclose or teach a bidirectional Dialect Translator that receives terms and forms entered by that practitioner through an input device and provides the corresponding standard term or form. It is common for medical practitioners to use variant forms or terms in referring to, for example, a procedure, measurement, test, medication or condition. The specific form or term used by a practitioner may depend,

for example, upon the age and experience of the practitioner, when and where the practitioner attended medical school or subsequently practiced, and so on. For this reason, the present technology of the instant application may further include a Dialect Translator to translate between terms and forms used by a given practitioner and a common, standard or standardized set of terms and forms.

Dialect Translator also operates in the reverse by reading standard terms and forms and translating the standard terms and forms into the dialect terms and forms preferred by the practitioner. Nowhere does Campbell disclose or teach that a translator operates in a bidirectional manner to accept terms from a given practitioner and translate them into a common, standard or standardized set of terms. Further, nowhere does Campbell disclose or teach that the translator will take common, standard or standardized set of terms and translate those terms into the terms used by a particular practitioner.

Applicant respectfully submits that neither Joao nor Campbell, alone or in combination, disclose or teach the claimed features of currently amended independent claims 1 and 11. Therefore, for at least these reasons, Applicant respectfully submits that currently amended claims 1 and 11 are in condition for allowance. Moreover, claims 2-9 which ultimately depend from claim 1 and claims 12-19, and 21-22 which ultimately depend from claim 11 are allowable for at least the same reasons.

CONCLUSION

In general, the Office Action makes various statements regarding the pending claims and the cited references that are now moot in light of the above. Thus, the Applicants will not address such statements at the present time. However, the Applicants expressly reserve the right to challenge such statements in the future should the need arise (e.g., if such statement should become relevant by appearing in a rejection of any current or future claim).

Thus, the Applicant submits that the pending claims 1-9, 11-19 and 21-22 define allowable subject matter and are in condition for allowance.

If the Examiner has any questions or the Applicant can be of any assistance, the Examiner is invited and encouraged to contact the Applicant at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the USPTO Deposit Account GEMS-IT, Account No. 502401.

Respectfully submitted,

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Date: March 12, 2008

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